

CITY OF INDEPENDENCE, KS
120 N 6TH ST.
INDEPENDENCE, KS 67301
PHONE: (620) 332-2500 FAX: (620) 332-2511

OCCUPATION LICENSE APPLICATION

DATE OF APPLICATION: _____

Business Name _____

Business Address _____

Business Address (mail) _____

Business Description _____

Business Zoning (circle appropriate zone):

- | | | | | |
|----------------|-----|-----|-----|-----|
| a. Industrial | M-1 | M-2 | | |
| b. Commercial | C-1 | C-2 | C3 | |
| c. Residential | R-1 | R-2 | R-3 | R-4 |

If Residential, check one of the following:

- _____ Operating as "Home Occupation" _____ Do you own your home?
_____ Operating Under "Grandfather Clause"
_____ Other (specify) _____

Business Building (circle appropriate letter)

- a. Business will be located in a current structure and no structure alterations will be required.
b. Business will be located in a current structure and will be enlarged or altered.
c. Business will be located in a new structure.
d. Business will be located in a residential structure.
e. Is building in compliance with off-street parking ordinance? _____ Yes _____ No
f. Does building meet zoning and code requirements for type of business? _____ Yes _____ No
g. Other _____

Building Permit is required if box "b" or "c" is circled.

OTHER INFORMATION (check one)

_____ Individual _____ Partnership _____ Corporation Fed. Tax I.D. _____

Home Phone: _____ Business _____

List Owner, Partners, Officers and/or Director:

Name & Title _____

Address _____

Name & Title _____

Address _____

STATEMENT OF APPLICANT

I certify the above to be complete, accurate and acknowledge the annual license fee of:

- _____ \$20.00 Business with permanent address within the City limits.
_____ \$40.00 Business without permanent address within the City limits.
_____ \$25.00 Home Occupation License Fee
_____ \$10.00 Application fee.
\$ _____ TOTAL LICENSE FEE

RECEIPT# _____

LICENSE # _____

SIGN REGUALTIONS RECEIVED _____

SIGNATURE OF APPLICANT _____

APPROVED BY _____